

SUPPLEMENTARY MATERIAL

Table S1. questionnaire (case report form; CRF) in English.

Num-ber	During the last 7 days, have you had any of the following problems with your work or other regular activities as a result of your therapy program? (role-physical)		
*	What is your profession? What is your normal workload? (x FTE?)	<input type="checkbox"/> retired <input type="checkbox"/> profession if not retired yet: _____ <input type="checkbox"/> _____ FTE	
**	What are your regular activities?	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
13	Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/> yes	<input type="checkbox"/> no
13a	If yes: How much reduction?	<input type="checkbox"/> > 20% <input type="checkbox"/> > 50% <input type="checkbox"/> > 80%	
14	Accomplished less than you would like	<input type="checkbox"/> yes	<input type="checkbox"/> no
14b	If yes: How much reduction?	<input type="checkbox"/> > 20% <input type="checkbox"/> > 50% <input type="checkbox"/> > 80%	
15	Were limited in the kind of work or other activities	<input type="checkbox"/> yes	<input type="checkbox"/> no
16	Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> yes	<input type="checkbox"/> no
16d	Why?	<input type="checkbox"/> tiredness <input type="checkbox"/> pain <input type="checkbox"/> insecurity with handling of infusion device? <input type="checkbox"/> other: _____	
During the last 7 days, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems? (role-emotional)			
		Yes	no
17	Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
18	Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
19	Didn't work or other activities as carefully as usual	<input type="checkbox"/>	<input type="checkbox"/>

20	During the last 7 days, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? (social functioning)						
	<input type="checkbox"/> not at all <input type="checkbox"/> slightly <input type="checkbox"/> moderately <input type="checkbox"/> quite a bit <input type="checkbox"/> extremely						
These questions are about how you feel and how things have been with you during the last 7 days. Please give the one answer that is closest to the way you have been feeling for each item. (emotional well-being)							
		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
24	Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	During the last 7 days, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.) (social functioning)						
	<input type="checkbox"/> all of the time <input type="checkbox"/> most of the time <input type="checkbox"/> some of the time <input type="checkbox"/> a little of the time <input type="checkbox"/> none of the time						

TRUE or FALSE (organizational information)			
37	When you had important questions to ask a nurse, did you get answers that you could understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Z38	If you had any anxieties or fears about your condition or treatment. Did somebody from the OPAT team discuss them with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
39	Did you want to be more involved in decisions made about your care and treatment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please tell us	<input type="checkbox"/> _____	
40	Did a member of the OPAT Team tell the purpose of the medicines you were to take at home in a way you could understand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
41	Did a member of the OPAT Team tell you about medication side effects to watch for when you went home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
42	Did someone tell you about danger signals regarding your illness or treatment to watch after you went home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
43	Did you feel secure during therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If no: why?	<input type="checkbox"/> don't know where to ask my questions <input type="checkbox"/> feeling uncomfortable <input type="checkbox"/> overstrained with the tasks <input type="checkbox"/> _____	
44	Did you need support during the last 7 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes: who did support you?	<input type="checkbox"/> partner in household <input type="checkbox"/> family <input type="checkbox"/> homecare <input type="checkbox"/> day clinic at the hospital <input type="checkbox"/> _____	
	If yes: how did this person help you with?	<input type="checkbox"/> personal hygiene <input type="checkbox"/> household <input type="checkbox"/> therapy itself <input type="checkbox"/> _____	
Final questions			
45	Do you recommend the therapy for other patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
46	If you could change something on your therapy, what would change and why?	<input type="checkbox"/> _____	

Table S2. ZOPATlife Patient characteristics of patients with one compared to those with two interviews

Characteristics	Patients with two interviews n=33		Patients with one interview n=19*		p-value
Gender					
Female sex , n (%)	7	(21)	4	(21)	1.000
Male sex , n (%)	26	(79)	15	(79)	
Age , median years (IQR)	56	(43-71)	61	(37-74)	0.476
BMI , median kg/m ² (IQR)	23	(22-25)	24	(22-26)	0.251
Charlson comorbidity index , median (IQR)	3	(1-4)	3	(1-7)	0.455
OPAT setting					
Homecare-OPAT, n (%)	12	(36)	11	(58)	0.312
Hospital-OPAT, n (%)	14	(42)	5	(26)	
Self-administered, n (%)	7	(21)	3	(16)	
Administration device					
Battery-operated pump, n (%)	1	(3)	0	(0)	0.615
Elastomeric pump, n (%)	18	(55)	8	(42)	
none, n (%)	14	(42)	11	(58)	
Indication for OPAT (stratified by ICD-10 codes)					
Foreign body associated infections ¹ , n (%)	8	(24)	1	(5)	
Other and unspecified infections and parasitic diseases, n (%)	5	(15)	2	(11)	
Urinary tract infections, n (%)	4	(12)	8	(42)	
Hepatobiliary infections, n (%)	4	(12)	3	(16)	
Infective endocarditis, n (%)	4	(12)	0	(0)	
Osteoarticular infections, n (%)	3	(9)	2	(11)	
Central nervous system infections, n (%)	3	(9)	1	(5)	
Respiratory tract infections, n (%)	1	(3)	2	(11)	
Ear, nose and throat infections, n (%)	1	(3)	0	(0)	
Intraabdominal infections n (%)	0	(0)	0	(0)	
OPAT duration , median days (IQR)	15	(6-27)	14	(8-25)	0.575
Adverse events, line-related , n (%)	2	(6)	0	(0)	0.527
Adverse events, drug-related , n (%)	3	(9)	6	(32)	0.059

Abbreviations: body mass index, BMI; Interquartile range, IQR; Outpatient parenteral antimicrobial therapy, OPAT; acronym of cohort, ZOPATlife. ¹ includes prosthetic joint infections, vascular graft infections, breast implant infections

*n_{total}= 20; One patient excluded since therapy was not finished yet.

Table S3. Outcomes of interviews as mean scores (95% CI) for each domain among the first interview of patients who completed both versus one the first interview

Domain	Patient with two interviews (n=33) Mean (95% CI)	Patient with one interview (n=19*) Mean (95% CI)	P value
Emotional well-being	66.5 (60.6-72.3)	66.8 (38.6-74.9)	0.99
Role emotional	47.5 (31.3-63.7)	18.3 (4.5-32.2)	0.02
Role physical	19.2 (10.6-27.8)	7.5 (0.8-14.2)	0.06
Social functioning	56.8 (46.1-67.5)	49.4 (35.8-63.0)	0.34

Abbreviations: confidence interval; CI

* $n_{total} = 20$; One patient excluded since therapy was not finished yet.